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HARRIE

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Joe Worley Enterpris	ses LLC	,				
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Statement of Correction and fee(s) are subm	itted for filing.					
Please return all correspondence concerning this matter to	the following:					
N Jane Puckett EA						
Name of Person						
East Washington Accounting Services	s Inc					
FirmvCompany	 					
P O Box 1006						
Address						
Pierson FL 32180						
City/State and Zip Code						
medickj@bellsouth.net						
E-mail address: (to be used for future annual report n	otification)					
For further information concerning this matter, please call:						
N Jane Puckett EA	386 7	749-9010 Daytime Telephone Number				
Name of Person	Area Code	Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314				
Enclosed is a check for the following amount:						
	55 Filing Fee & lied Copy	S60 Filing Fee. Certificate of Status & Certified Copy				

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>FIRST</u>	: The na	name of the limited liability company is: Joe Worley	Enterprises Ll	_C		
SECON THIRD		The Florida Document number of the limited liability corporation to be corrected is: Articles of Organization	L1700026 Anization	3264		
_	-	(CHECK THE APPROPRIATE BOX AND COMPLET)				
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Should have included a statement that the effective date					
	is J	January 1, 2018.				
	OR Was d	defectively signed. The manner in which the document was lows:	defectively signed and the ap	ppropriate correction are		
				7.5 0.7 		
	<u>OR</u>					
	The el	lectronic transmission of the record was defective. Signature of Authorized Representative	/_ /- - Date	2048		
		ew registered agent. if applicable :(NOTE: if correcting the designation).	registered agent, the new reg	gistered agent must sign		
I hereby provisio obligati	v accep ons of a ions of a chang	ed Agent's Signature, if changing Registered Agent; of the appointment as registered agent and agree to act in thi all statutes relative to the proper and complete performance my position as registered agent as provided for in Chapter 6 ge in the registered office address, I hereby confirm that the	of my duties, and I am famili 05, F.S. Or, if this document	ar with and accept\the t is being filed to merely		
Registered Agent's Signature						
			25.00 30.00 (optional)			